Debto	or 1	Scott A. Soni						
Debto	x 2	First Name	Middle	e Name	Last Name			
	or ∠ e, if filing)	First Name	Middle	e Name	Last Name			
nite	d States B	Bankruptcy Court for t	the: EASTERN	DISTRI	CT OF MISSOURI			
266	number	19-44553						☐ Check if this is a
	Turribor	13-44333						Check if this is a amended filing
νtt:	aial F	orm 1061/D						
		orm 106A/B						
C	<u>neau</u>	<u>lle A/B: Pr</u>	operty					12/15
٦.								
_	No. Go to Pa ⁄es. Where	art 2.						
				What	is the property? Check all that apply			
1	es. Where	e is the property? w Hampshire Ave		What	is the property? Check all that apply Single-family home			aims or exemptions. Put
1	es. Where	e is the property?		What		the amount	of any secure	aims or exemptions. Put d claims on <i>Schedule D:</i> ns Secured by Property.
1	/es. Where	w Hampshire Ave			Single-family home Duplex or multi-unit building	the amount	of any secured Tho Have Clain	d claims on <i>Schedule D:</i>
1	/es. Where	w Hampshire Ave ss, if available, or other desc	63123-0000		Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land	Current valuentire prope	of any secured the Have Clain the Have Clain the United States the	d claims on Schedule D: ns Secured by Property. Current value of the portion you own?
11	/es. Where	w Hampshire Ave	ription		Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property	Current valuentire proper	of any secured the Have Clain use of the erty?	d claims on Schedule D: ms Secured by Property. Current value of the portion you own? \$131,100.00
11	/es. Where	w Hampshire Ave ss, if available, or other desc	63123-0000		Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land	Current valuentire proper \$13	of any secured ho Have Clain use of the erty? 1,100.00 use nature of years.	d claims on Schedule D: ns Secured by Property. Current value of the portion you own?
11	/es. Where	w Hampshire Ave ss, if available, or other desc	63123-0000		Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other has an interest in the property? Check one	Current valuentire proper \$13 Describe the (such as fee a life estate	of any secured ho Have Clain use of the erty? 1,100.00 The nature of your simple, tension, if known.	current value of the portion you own? \$131,100.00 cur ownership interest ancy by the entireties, o
1 :	7749 Nev	w Hampshire Ave es, if available, or other desc estate MO State	63123-0000		Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other has an interest in the property? Check one Debtor 1 only	Current valuentire proper \$13 Describe the (such as fee a life estate	of any secured ho Have Clain use of the serty? 1,100.00 ne nature of yellow in the simple, tensions.	current value of the portion you own? \$131,100.00 cur ownership interest ancy by the entireties, o
11 :	7749 New Street address Saint Loc Dity	w Hampshire Ave es, if available, or other desc estate MO State	63123-0000	Who	Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other has an interest in the property? Check one Debtor 1 only Debtor 2 only	Current valuentire proper \$13 Describe the (such as fee a life estate	of any secured ho Have Clain use of the erty? 1,100.00 The nature of your simple, tension, if known.	current value of the portion you own? \$131,100.00 cur ownership interest ancy by the entireties, o
1 :	7749 Nev	w Hampshire Ave es, if available, or other desc estate MO State	63123-0000		Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other has an interest in the property? Check one Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only	Current valuentire proper \$13. Describe the (such as fer a life estate tenancy l	of any secured ho Have Clain use of the erty? 1,100.00 Is nature of yellow if known. by the entime if this is committed the committed in th	current value of the portion you own? \$131,100.00 cur ownership interest ancy by the entireties, o
1 :	7749 New Street address Saint Loc Dity	w Hampshire Ave es, if available, or other desc estate MO State	63123-0000		Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other has an interest in the property? Check one Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another r information you wish to add about this in	Current valuentire proper \$13 Describe the (such as fee a life estate tenancy l	ue of the erty? 1,100.00 e nature of ye simple, tense), if known. by the enti	d claims on Schedule D: ms Secured by Property. Current value of the portion you own? \$131,100.00 our ownership interest ancy by the entireties, o
1 : :	7749 New Street address Saint Loc Dity	w Hampshire Ave es, if available, or other desc estate MO State	63123-0000	Who Other	Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other has an interest in the property? Check one Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another	Current valuentire prope \$13 Describe the state tenancy I Check (see inst	of any secured ho Have Claim ue of the erty? 1,100.00 e nature of ye e simple, tense), if known. by the entimite if this is communications)	d claims on Schedule D: ms Secured by Property. Current value of the portion you own? \$131,100.00 our ownership interest ancy by the entireties, o irrety

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Part 2: Describe Your Vehicles

Debte	or 1 Scott A. Sonntag		Case number (if known)	19-44553
3. Ca	rs, vans, trucks, tractors, sport utility v	vehicles, motorcycles		
	No			
_	Yes			
_	165			
3.1	Make: Dodge	Who has an interest in the property? Check one		ured claims or exemptions. Put
0	Model: Ram	Debtor 1 only		secured claims on Schedule D: ve Claims Secured by Property.
	Year: 2015	Debtor 2 only	Current value of t	
	Approximate mileage: 132,000	☐ Debtor 1 and Debtor 2 only	entire property?	portion you own?
	Other information:	\square At least one of the debtors and another		
		☐ Check if this is community property (see instructions)	\$20,000	\$20,000.00
3.2	Make: Chevrolet	Who has an interest in the property? Check one		ured claims or exemptions. Put secured claims on Schedule D:
	Model: Equinox	Debtor 1 only		ve Claims Secured by Property.
	Year: 2011	☐ Debtor 2 only	Current value of t	the Current value of the
	Approximate mileage: 96432	Debtor 1 and Debtor 2 only	entire property?	portion you own?
	Other information:	At least one of the debtors and another		
		Check if this is community property (see instructions)	\$7,541	.75 \$7,541.75
		wn for all of your entries from Part 2, includin e that number here		\$27,541.75
	_		ı	
Part 3				Ourment value of the
	ou own or have any legal or equitable i	nterest in any of the following items?		Current value of the portion you own? Do not deduct secured claims or exemptions.
<i>E</i> >	busehold goods and furnishings kamples: Major appliances, furniture, liner No Yes. Describe	ns, china, kitchenware		
				* 2 522 04
	Miscellaneous	household goods and furnishings		\$3,500.00
E	ectronics xamples: Televisions and radios; audio, vi including cell phones, cameras, No	deo, stereo, and digital equipment; computers, p media players, games	rinters, scanners; music c	ollections; electronic devices
	Yes. Describe			
		s electronics products		\$500.00
		•		
3. C o	ellectibles of value			
	xamples: Antiques and figurines; paintings	s, prints, or other artwork; books, pictures, or other	er art objects; stamp, coin,	or baseball card collections;
_	other collections, memorabilia, o	collectibles		
_	INC			

Case number (if known) 19-44553

☐ Yes. Describe.....

Debtor 1

Debtor 1	Scott A. Sonntag	Case number (if known) 19-44553
	nent for sports and hobbies oles: Sports, photographic, exercise, and other hobby equipment; bicycomusical instruments	cles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools;
	. Describe	
— 165.	. Describe	
	miscellaneous sporting goods	\$25.00
	T	*****
	shotgun	\$200.00
■ No	rms apples: Pistols, rifles, shotguns, ammunition, and related equipment . Describe	
_ 100.	. 2004/180	
□ No	es nples: Everyday clothes, furs, leather coats, designer wear, shoes, acc Describe	essories
	Miscellaneous used shoes and used clot	ning articles \$200.00
13. Non-f a	wedding ring arm animals	\$300.00
<i>Exam</i> _l □ No	nples: Dogs, cats, birds, horses	
	. Describe	
■ Yes.	. Describe	
	1 dog	\$0.00
□ No	ther personal and household items you did not already list, inclu . Give specific information lawnmower	ding any health aids you did not list \$100.00
	the dollar value of all of your entries from Part 3, including any e Part 3. Write that number here	
Part 4: De	escribe Your Financial Assets	
Do you ov	wn or have any legal or equitable interest in any of the following	Current value of the portion you own? Do not deduct secured claims or exemptions.
☐ No	aples: Money you have in your wallet, in your home, in a safe deposit b	ox, and on hand when you file your petition

Case number (if known) 19-44553

Official Form 106A/B Schedule A/B: Property page 3

Debtor 1

De	ebtor 1	Scott A. Sonntag				Case number (if known) 19-44553			
						Cash		\$10.00	
17.					nts; certificates of deposit; vith the same institution, lis	shares in credit unions, bro	okerage l	houses, and other similar	
	_				Institution name:				
			17.1.	checking and savings	1st Community C	redit Union		\$250.00	
			17.2.	checking and savings	1st Community C	redit Union		\$1,200.00	
18.		, mutual funds, or poles: Bond funds, inv			erage firms, money marke	t accounts			
	☐ Yes			Institution or issuer na	ame:				
19.	joint v □ No	renture		·	·	l businesses, including a	n interes	st in an LLC, partnership, and	
	■ Yes.	Give specific inform		about them me of entity:		% of ownersh	ip:		
			Int	egrity Auto Hail Re	pair	100%	%	\$0.00	
	Negoti Non-ne ■ No □ Yes.	<i>iable instruments</i> inc	clude p ts are ation a Issi	personal checks, cashi those you cannot trans about them uer name:	able and non-negotiable lers' checks, promissory no sfer to someone by signing	otes, and money orders.			
۷۱.	Examµ ■ No	oles: Interests in IRA	, ERIS	SA, Keogh, 401(k), 403 ely.		s, or other pension or profit	-sharing	plans	
				of account:	Institution name:				
22.	Your s		eposit	s you have made so th		ice or use from a company water), telecommunications	s compar	nies, or others	
					Institution name or in	dividual:			
23.	Annuit ■ No	ies (A contract for a	perio	dic payment of money	to you, either for life or for	a number of years)			
	☐ Yes	lssue	r nam	e and description.					
24.	26 U.S.	ts in an education C. §§ 530(b)(1), 529			alified ABLE program, or	under a qualified state tu	ition pro	ogram.	
	■ No □ Yes	Instit	ution r	name and description.	Separately file the records	of any interests.11 U.S.C.	§ 521(c)	:	
25.	Trusts	, equitable or futur	e inte	rests in property (oth	er than anything listed i	n line 1), and rights or po	wers exe	ercisable for your benefit	
	☐ Yes.	Give specific inform	nation	about them					

Case number (if known) 19-44553

Official Form 106A/B Schedule A/B: Property page 4

Debtor 1

De	ebtor 1	Scott A. Sonntag	Case number (if known)	19-44553
26.		s, copyrights, trademarks, trade secrets, and other intellectual property poles: Internet domain names, websites, proceeds from royalties and licensing agreement	ents	
		Give specific information about them		
27.		es, franchises, and other general intangibles oles: Building permits, exclusive licenses, cooperative association holdings, liquor licen	nses, professional license	es
		Give specific information about them		
M	oney or	property owed to you?		Current value of the portion you own? Do not deduct secured claims or exemptions.
28.	Tax ref	funds owed to you		
	☐ Yes.	Give specific information about them, including whether you already filed the returns a	and the tax years	
29.		support oles: Past due or lump sum alimony, spousal support, child support, maintenance, divo	orce settlement, property	settlement
	☐ Yes.	Give specific information		
30.		amounts someone owes you bles: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation benefits; unpaid loans you made to someone else	on pay, workers' comper	sation, Social Security
	■ No □ Yes.	Give specific information		
31.	_Examp	sts in insurance policies oles: Health, disability, or life insurance; health savings account (HSA); credit, homeow	vner's, or renter's insuran	ce
	■ No			
	☐ Yes.	Name the insurance company of each policy and list its value. Company name: Benefici	ary:	Surrender or refund value:
32.	If you a	terest in property that is due you from someone who has died are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are one has died.	e currently entitled to rece	vive property because
	■ No			
	☐ Yes.	Give specific information		
33.		s against third parties, whether or not you have filed a lawsuit or made a demand oles: Accidents, employment disputes, insurance claims, or rights to sue	d for payment	
		Describe each claim		
34.	Other	contingent and unliquidated claims of every nature, including counterclaims of t	the debtor and rights to	set off claims
	☐ Yes.	Describe each claim		
35.	Any fir ■ No	nancial assets you did not already list		
	☐ Yes.	Give specific information		
36		the dollar value of all of your entries from Part 4, including any entries for pages art 4. Write that number here		\$1,460.00
			L	

Official Form 106A/B Schedule A/B: Property page 5

Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.

Debici Scott A. 301	intag Case number (if kind	/Wii) 13-44333
	egal or equitable interest in any business-related property?	
Yes. Go to line 38.		
		Current value of the portion you own? Do not deduct secured claims or exemptions.
38. Accounts receivable o ■ No □ Yes. Describe	r commissions you already earned	
39. Office equipment, furr Examples: Business-re □ No ■ Yes. Describe	ishings, and supplies lated computers, software, modems, printers, copiers, fax machines, rugs, telephones, de	esks, chairs, electronic devices
_ 166. Bessribe	miscellaneous office equipment including 1 printer, 2 laptops, 4 iPads, and furniture	\$2,500.00
40. Machinery, fixtures, ed □ No ■ Yes. Describe	quipment, supplies you use in business, and tools of your trade	
	miscellaneous hand tools, torpedo heater, propane container, and hoses	\$50.00
41. Inventory ■ No □ Yes. Describe		
42. Interests in partnershi ■ No	ps or joint ventures	
☐ Yes. Give specific inf	ormation about them	
43. Customer lists, mailin	g lists, or other compilations	
☐ Do your lists include pe	rsonally identifiable information (as defined in 11 U.S.C. § 101(41A))?	
■ No □ Yes. Describe	3	
44. Any business-related □ No	property you did not already list	
■ Yes. Give specific info	ormation	
	double-axle 16 foot by 5 foot wide by 8 foot high trailer	\$4,000.00
45. Add the dollar value	of all of your entries from Part 5, including any entries for pages you have attached	\$6.550.00

for Part 5. Write that number here.....

\$6,550.00

Deb	otor 1	Scott A. Sonntag		Case number (if known)	19-44553
Part		escribe Any Farm- and Commercial Fishing-Related Property You C you own or have an interest in farmland, list it in Part 1.	Own or Have an Interes	st In.	
46. I	Do yo	ou own or have any legal or equitable interest in any farm- o	r commercial fishin	g-related property?	
	■ No	o. Go to Part 7.			
	☐ Ye	ss. Go to line 47.			
Part	7:	Describe All Property You Own or Have an Interest in That You	Did Not List Above		
		ou have other property of any kind you did not already list? nples: Season tickets, country club membership			
	No				
	☐ Yes	. Give specific information			
54.		the dollar value of all of your entries from Part 7. Write that	t number here		\$0.00
		1: Total real estate, line 2			\$131,100.00
		2: Total vehicles, line 5	\$27,541.75		Ψ131,100.00
		3: Total personal and household items, line 15	\$4,825.00		
58.	Part	4: Total financial assets, line 36	\$1,460.00		
59.	Part	5: Total business-related property, line 45	\$6,550.00		
60.	Part	6: Total farm- and fishing-related property, line 52	\$0.00		
61.	Part	7: Total other property not listed, line 54 +	\$0.00		
62.	Tota	Il personal property. Add lines 56 through 61	\$40,376.75	Copy personal property to	otal \$40,376.75
63.	Tota	al of all property on Schedule A/B. Add line 55 + line 62			\$171,476.75

Fill in this infor	mation to identify your	case:		
Debtor 1	Scott A. Sonntag			
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	EASTERN DISTRICT O	F MISSOURI	
Case number	19-44553			
(if known)	19-44000			☐ Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on Schedule A/B: Property (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of Part 2. Additional Page as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1:	Identify	the /	Pro	perty	You	Claim	as	Exemp	ρt

a	art 1: Identify the Property You Claim as E	xempt			
	Which set of exemptions are you claiming	? Check one only, ever	if your spouse is filing with you	u.	
	■ You are claiming state and federal nonban	kruptcy exemptions. 1	1 U.S.C. § 522(b)(3)		
	☐ You are claiming federal exemptions. 11 t	J.S.C. § 522(b)(2)			
2.	For any property you list on Schedule A/B	that you claim as exe	mpt, fill in the information be	elow.	
	Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amount of the exemption you of	claim Spe	cific laws that allow exemption
		Copy the value from Schedule A/B	Check only one box for each exe	mption.	
	7749 New Hampshire Avenue Saint Louis, MO 63123 Saint Louis County	\$131,100.00	■ \$15,0	000.00 RS	Mo § 513.475
	Debtor and his wife purchased this property in 2001 for \$85,000.00.		100% of fair market valuany applicable statutory	· •	

Louis, MO 63123 Saint Louis County -	Ψ101,100.00	_	Ψ10,000.00	
Debtor and his wife purchased this property in 2001 for \$85,000.00. Line from Schedule A/B: 1.1			100% of fair market value, up to any applicable statutory limit	
Miscellaneous household goods and furnishings	\$3,500.00		\$2,500.00	RSMo § 513.430.1(1)
Line from Schedule A/B: 6.1			100% of fair market value, up to any applicable statutory limit	
Miscellaneous household goods and furnishings	\$3,500.00		\$300.00	RSMo § 513.430.1(1)
Line from Schedule A/B: 6.1			100% of fair market value, up to any applicable statutory limit	
Miscellaneous electronics products Line from Schedule A/B: 7.1	\$500.00		\$400.00	RSMo § 513.440
Line non schedule Ad. 1.1			100% of fair market value, up to any applicable statutory limit	
miscellaneous sporting goods Line from Schedule A/B: 9.1	\$25.00		\$25.00	RSMo § 513.430.1(3)
EING HOIT GOILGUIG FAD. G. I			100% of fair market value, up to any applicable statutory limit	

ebtor 1 Scott A. Sonntag			Case number (if known)	19-44553
Brief description of the property and line on Current value of the chedule A/B that lists this property portion you own			ount of the exemption you claim	Specific laws that allow exemption
	Copy the value from Schedule A/B	Che	eck only one box for each exemption.	
shotgun Line from Schedule A/B: 9.2	\$200.00		\$200.00	RSMo § 513.430.1(12)
Line Irom Schedule A/B. 3.2			100% of fair market value, up to any applicable statutory limit	
Miscellaneous used shoes and used clothing articles	\$200.00		\$200.00	RSMo § 513.430.1(1)
Line from Schedule A/B: 11.1			100% of fair market value, up to any applicable statutory limit	
wedding ring Line from Schedule A/B: 12.1	\$300.00		\$300.00	RSMo § 513.430.1(2)
Ene non concount / D. 1211			100% of fair market value, up to any applicable statutory limit	
lawnmower Line from Schedule A/B: 14.1	\$100.00		\$100.00	RSMo § 513.430.1(3)
Line non Schedule A/B. 14.1			100% of fair market value, up to any applicable statutory limit	
Cash Line from Schedule A/B: 16.1	\$10.00		\$10.00	RSMo § 513.430.1(3)
Line II om Schedule A/B. 10.1			100% of fair market value, up to any applicable statutory limit	
checking and savings: 1st Community Credit Union	\$250.00		\$250.00	RSMo § 513.430.1(3)
Line from Schedule A/B: 17.1			100% of fair market value, up to any applicable statutory limit	
checking and savings: 1st Community Credit Union	\$1,200.00		\$1,200.00	RSMo § 513.440
Line from Schedule A/B: 17.2			100% of fair market value, up to any applicable statutory limit	
miscellaneous office equipment including 1 printer, 2 laptops, 4	\$2,500.00		\$2,000.00	RSMo § 513.430.1(4)
iPads, and furniture Line from Schedule A/B: 39.1			100% of fair market value, up to any applicable statutory limit	
double-axle 16 foot by 5 foot wide by 8 foot high trailer	\$4,000.00		\$1,000.00	RSMo § 513.430.1(4)
Line from Schedule A/B: 44.1			100% of fair market value, up to any applicable statutory limit	
Are you claiming a homestead exemption of (Subject to adjustment on 4/01/22 and every 3 No Yes. Did you acquire the property covered No Yes	B years after that for ca	0? ses fi	any applicable statutory limit	

Fill in this inform	nation to identify you	ır case:					
Debtor 1	Scott A. Sonnta	IG Middle Name Last Na	ame		-		
Debtor 2 (Spouse if, filing)	First Name	Middle Name Last Na					
United States Bar	nkruptcy Court for the:	EASTERN DISTRICT OF MISSOURI					
Case number _1 (if known)	9-44553				☐ Check	if this is a	ın
Official Form Schedule		Who Have Claims Secu	ured	by Propert	у		12/15
		If two married people are filing together, both out, number the entries, and attach it to this fo					
,	have claims secured by	y your property?					
☐ No. Check	this box and submit t	his form to the court with your other schedu	ules. You	ı have nothing else t	to report on this form.		
_	all of the information			g			
		below.					
	I Secured Claims			Column A	Column B	Column	С
for each claim. If me	ore than one creditor has	more than one secured claim, list the creditor seps a particular claim, list the other creditors in Part cal order according to the creditor's name.		Amount of claim Do not deduct the value of collateral.	Value of collateral that supports this claim	Unsecu portion	
2.1 Busey Ho	me Mortgage	Describe the property that secures the clain	n:	\$30,000.00	\$131,100.00	II ally	\$0.00
Creditor's Name		7749 New Hampshire Avenue Sain Louis, MO 63123 Saint Louis County Debtor and his wife purchased thi property in 2001 for \$85,000.00.	is	. ,	. ,		
	ce Center Plaza is, MO 63141	As of the date you file, the claim is: Check all apply. Contingent	that				
Number, Street,	City, State & Zip Code	☐ Unliquidated ☐ Disputed					
Who owes the de	bt? Check one.	Nature of lien. Check all that apply.					
■ Debtor 1 only □ Debtor 2 only		An agreement you made (such as mortgage car loan)	e or secur	red			
Debtor 1 and De	ebtor 2 only	☐ Statutory lien (such as tax lien, mechanic's	lien)				
	ne debtors and another	☐ Judgment lien from a lawsuit	•				
Check if this cla		Other (including a right to offset)					

Date debt was incurred 2008

Last 4 digits of account number

7800

Debtor 1 Scott A. Sonntag	Case number (if known) 19-44553				
First Name Middle N	lame Last Name				
Oolifamia Danakiia Bank	Describe the manufacture that a common the plains	£40.704.00	* 00.000.00	* 0.00	
2.2 California Republic Bank Creditor's Name	Describe the property that secures the claim:	\$18,701.00	\$20,000.00	\$0.00	
Ciounal o Manie	2015 Dodge Ram 132,000 miles				
Attn: Legal Department					
PO Box 5610	As of the date you file, the claim is: Check all that apply.				
Hercules, CA 94547	☐ Contingent				
Number, Street, City, State & Zip Code	☐ Unliquidated				
	☐ Disputed				
Who owes the debt? Check one.	Nature of lien. Check all that apply.				
■ Debtor 1 only	■ An agreement you made (such as mortgage or sect	ıred			
Debtor 2 only	car loan)				
☐ Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic's lien)				
☐ At least one of the debtors and another	☐ Judgment lien from a lawsuit				
☐ Check if this claim relates to a	☐ Other (including a right to offset)				
community debt					
Date debt was incurred 04/17	Last 4 digits of account number 1001				
2.3 Seterus	Describe the property that secures the claim:	\$82,000.00	\$131,100.00	\$0.00	
Creditor's Name	7749 New Hampshire Avenue Saint	ψο2,000.00	Ψ101,100.00	ψο.σσ	
	Louis, MO 63123 Saint Louis				
	County				
	Debtor and his wife purchased this				
PO Box 4121	property in 2001 for \$85,000.00.				
Beaverton, OR	As of the date you file, the claim is: Check all that apply.				
97076-4121	Contingent				
Number, Street, City, State & Zip Code	☐ Unliquidated				
	☐ Disputed				
Who owes the debt? Check one.	Nature of lien. Check all that apply.				
■ Debtor 1 only	■ An agreement you made (such as mortgage or sect	ıred			
Debtor 2 only	car loan)				
☐ Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic's lien)				
☐ At least one of the debtors and another	☐ Judgment lien from a lawsuit				
☐ Check if this claim relates to a	☐ Other (including a right to offset)				
community debt					
Date debt was incurred 2008	Last 4 digits of account number 7866				
Wells Fargo Dealer					
Services	Describe the property that secures the claim:	\$10,585.00	\$7,541.75	\$3,043.25	
Creditor's Name	2011 Chevrolet Equinox 96432 miles				
Attn: Bankruptcy	As of the date you file, the claim is: Check all that				
PO Box 19657	apply.				
Irvine, CA 92623	Contingent				
Number, Street, City, State & Zip Code	Unliquidated				
Who owes the debt? Check one.	☐ Disputed Nature of lien. Check all that apply.				
_					
■ Debtor 1 only	An agreement you made (such as mortgage or sect	ıred			
Debtor 2 only	car loan)				
Debtor 1 and Debtor 2 only	Statutory lien (such as tax lien, mechanic's lien)				
At least one of the debtors and another	Judgment lien from a lawsuit				
☐ Check if this claim relates to a community debt	Other (including a right to offset)				
Johnnamy dobt					
Date debt was incurred 07/16	Last 4 digits of account number 7516				

Debtor 1 Scott A. Sonntag Case number (if known) 19-44553
First Name Middle Name Last Name

Add the dollar value of your entries in Column A on this page. Write that number here: \$141,286.00

If this is the last page of your form, add the dollar value totals from all pages.

Write that number here: \$141,286.00

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Fill in this info	rmation to identify your case:							
Debtor 1	Scott A. Sonntag							
20210.	First Name	Middle Name	Last Nam	е				
Debtor 2								
(Spouse if, filing)	First Name	Middle Name	Last Nam	e				
United States E	Sankruptcy Court for the: EAS	TERN DISTRICT OF MI	ISSOURI					
Case number	19-44553							
(if known)	10-44000						Check if this	is an
							amended fili	ng
Official For	m 106E/E							
		leve Unecesses	d Claim	_			4.)// E
	E/F: Creditors Who Ind accurate as possible. Use Part							2/15
eft. Attach the Co name and case n	litors Who Have Claims Secured by ontinuation Page to this page. If yo umber (if known). All of Your PRIORITY Unsecur	u have no information to						
1. Do any cred	itors have priority unsecured claim	s against you?						
☐ No. Go to	Part 2.							
Yes.								
identify what possible, list	ur priority unsecured claims. If a cr type of claim it is. If a claim has both the claims in alphabetical order accor e than one creditor holds a particular	priority and nonpriority amoding to the creditor's name.	unts, list that o . If you have m	claim here a	and show both priority a	and nonprior	ity amounts. As r	much as
(For an expla	nation of each type of claim, see the	instructions for this form in t	the instruction	booklet.)	Total alaim	Driority	None	ariarity.
					Total claim	Priority amount	amoi	oriority unt
2.1 INTER	NAL REVENUE SERVICE	Last 4 digits of acco	ount number	7866	\$0.00		\$0.00	\$0.00
	Creditor's Name RALIZED INSOLVENCY	When was the debt	incurred?					
PO BO	ATIONS DX 21126							
	lelphia, PA 19114-0320 Street City State Zip Code	As of the date you f	file, the claim	is: Check	all that apply			
Who incur	red the debt? Check one.	☐ Contingent						
■ Debtor 1	only	☐ Unliquidated						
☐ Debtor 2	2 only	☐ Disputed						
_	and Debtor 2 only	Type of PRIORITY u	ınsecured cla	aim:				
	one of the debtors and another	☐ Domestic support	t obligations					
	f this claim is for a community deb	t Taxes and certain	n other debts v	you owe the	e government			
	n subject to offset?	☐ Claims for death of						
■ No		Other. Specify		-				
☐ Yes			Notice par	ty				

Debto	or 1 Scott A. Sonntag		Case numb	er (if known)	19-44553		
2.2	Missouri Department of Revenue	Last 4 digits of account number	7866	\$200.00	\$20	0.00	\$0.00
	Priority Creditor's Name PO Box 475	When was the debt incurred?	2016-2017		_		
	Jefferson City, MO 65105 Number Street City State Zip Code	As of the date you file, the claim	is: Check all tha	at apply			
١	Who incurred the debt? Check one.	☐ Contingent		,			
I	Debtor 1 only	☐ Unliquidated					
I	Debtor 2 only	☐ Disputed					
I	□ Debtor 1 and Debtor 2 only	Type of PRIORITY unsecured cla	im:				
I	☐ At least one of the debtors and another	☐ Domestic support obligations					
ı	☐ Check if this claim is for a community debt	■ Taxes and certain other debts y	ou owe the gove	ernment			
	s the claim subject to offset?	Claims for death or personal injury	_				
I	No	☐ Other. Specify					
I	☐Yes	income tax	es				
Part 2	List All of Your NONPRIORITY Unsecu	red Claims					
3. Do	o any creditors have nonpriority unsecured claim	s against you?					
_	No. You have nothing to report in this part. Submit		chedules				
		and form to the court was your outer o	onoduloo.				
	Yes.						
ur th:	st all of your nonpriority unsecured claims in the secured claim, list the creditor separately for each cl an one creditor holds a particular claim, list the other art 2.	aim. For each claim listed, identify wh	at type of claim	it is. Do not list cl	aims already incl	uded in Part 1	I. If more
Г	31 L Z.					Total claim	
4.1	Cheyenne Regional Medical	Last 4 digits of account numb	er 6118			9	1,807.00
	Nonpriority Creditor's Name	=				7	
	c/o BC Services PO Box 1317	When was the debt incurred?	2017				
	Longmont, CO 80502						
	Number Street City State Zip Code	As of the date you file, the cla	m is: Check all	that apply			
	Who incurred the debt? Check one.						
	■ Debtor 1 only	☐ Contingent					
	Debtor 2 only	☐ Unliquidated					
	☐ Debtor 1 and Debtor 2 only	☐ Disputed					
	\square At least one of the debtors and another	Type of NONPRIORITY unsecu	red claim:				
	☐ Check if this claim is for a community	☐ Student loans					
	debt Is the claim subject to offset?	Obligations arising out of a s report as priority claims	eparation agree	ment or divorce tl	nat you did not		
	■ No	Debts to pension or profit-sh	aring plans, and	other similar deb	ts		
	□Yes	Other Specify medical	services				
		. ,					

Debtor	1 Scott A. Sonntag		Case number (if known)	19-44553	
4.2	First Community Credit Union Nonpriority Creditor's Name	Last 4 digits of account number	2311	_	\$302.00
	PO Box 1030 Chesterfield, MO 63006	When was the debt incurred?	2014-2018		
	Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply		
	Who incurred the debt? Check one.				
	Debtor 1 only	☐ Contingent			
	Debtor 2 only	☐ Unliquidated			
	☐ Debtor 1 and Debtor 2 only	☐ Disputed			
	\square At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:		
	Check if this claim is for a community	☐ Student loans			
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce t	that you did not	
	No	Debts to pension or profit-shari	ng plans, and other similar del	ots	
	Yes	Other. Specify Miscellane	ous consumer goods	or services	
4.3	Navient	Last 4 digits of account number	9680	_	\$1,472.00
	Nonpriority Creditor's Name Attn: Bankruptcy PO Box 9000	When was the debt incurred?	2013-12/24/18		
	Wiles-Barr, PA 18773 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply		
	■ Debtor 1 only	☐ Contingent			
	☐ Debtor 2 only	☐ Unliquidated			
	Debtor 1 and Debtor 2 only	☐ Disputed			
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:		
	☐ Check if this claim is for a community	Student loans			
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce t	that you did not	
	■ No	Debts to pension or profit-shari	ng plans, and other similar deb	ots	
	☐ Yes	Other. Specify			
		Educationa	al loan		
4.4	Pulaski Bank Nonpriority Creditor's Name	Last 4 digits of account number	4876	-	\$0.00
	Attn: Vanessa Shaw 12300 Olive Blvd	When was the debt incurred?			
	St. Louis, MO 63141 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply		
	■ Debtor 1 only	☐ Contingent			
	☐ Debtor 2 only	☐ Unliquidated			
	☐ Debtor 1 and Debtor 2 only	☐ Disputed			
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:		
	☐ Check if this claim is for a community	☐ Student loans			
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims			
	■ No	Debts to pension or profit-sharing	ng plans, and other similar del	ots	
	☐ Yes	Other. Specify notice part	у		

Deptor	Scott A. S	Sonntag		Case nu	19-44553	
4.5	SLUCare		Last 4 digits of account number	5149		\$140.00
	Nonpriority Cred					
	c/o Accoun	t Resolution Corporation	When was the debt incurred?	2017		
	PO Box 386					
	Chesterfield	d, MO 63006				
		City State Zip Code	As of the date you file, the claim	is: Check	all that apply	
	_	the debt? Check one.	_			
	Debtor 1 onl	•	Contingent			
	Debtor 2 onl	ly	☐ Unliquidated			
	Debtor 1 and	d Debtor 2 only	☐ Disputed			
	☐ At least one	of the debtors and another	Type of NONPRIORITY unsecure	d claim:		
		s claim is for a community	☐ Student loans			
	debt Is the claim su	bject to offset?	☐ Obligations arising out of a separeport as priority claims	aration ag	reement or divorce that you did not	
	■ No		Debts to pension or profit-sharing	ıg plans, a	and other similar debts	
	Yes		Other. Specify medical se	rvices		
1.0	04 A 41	I Martin I O and a		7000		A500.00
	St. Anthony Nonpriority Cred	/'s Medical Center ditor's Name	Last 4 digits of account number	7866		\$500.00
	10016 Kenn	erly Road	When was the debt incurred?	2018		
		nt Accounts				
	Saint Louis Number Street	, MO 63128 City State Zip Code	As of the date you file, the claim	is: Check	all that apply	
		the debt? Check one.	,	000	an mar apply	
	■ Debtor 1 onl	lv	☐ Contingent			
	Debtor 2 onl		☐ Unliquidated			
	Debtor 1 and	*	Disputed			
		of the debtors and another	Type of NONPRIORITY unsecure	d claim:		
		s claim is for a community	☐ Student loans			
	debt		☐ Obligations arising out of a sepa	aration ag	reement or divorce that you did not	
		bject to offset?	report as priority claims			
	■ No		Debts to pension or profit-sharing	•	and other similar debts	
	Yes		Other. Specify medical se	rvices		
Part 3:	List Others	s to Be Notified About a Debt	Γhat You Already Listed			
			ut your bankruptcy, for a debt that yone else, list the original creditor in			
have n	nore than one c	creditor for any of the debts that yo	ou listed in Parts 1 or 2, list the addi			
notifie	d for any debts	in Parts 1 or 2, do not fill out or s	ubmit this page.			
Part 4:	Add the Ar	mounts for Each Type of Unse	cured Claim			
	he amounts of f unsecured cla		. This information is for statistical r	eporting	purposes only. 28 U.S.C. §159. Add	the amounts for each
type o	i unscourca cia				Total Claim	
	6a.	Domestic support obligations		6a.	Total Claim \$ 0.00	
т	otal				<u> </u>	
cla from Pa	nims art 1 6b.	Taxes and certain other debts yo	ou owe the government	6b.	\$ 200.00	
	6c.	Claims for death or personal inju	-	6c.	\$ 0.00	
	6d.	Other. Add all other priority unsecu	ured claims. Write that amount here.	6d.	\$ 0.00	
						·
	6e.	Total Priority. Add lines 6a throug	h 6d.	6e.	\$ 200.00	
	6f.	Student loans		6f.	Total Claim \$ 1.472.00	
Т	otal			٠	\$1,472.00	
cla from Pa	nims art 2 6g.	Obligations arising out of a sona	aration agreement or divorce that	6g.	\$ 0.00	
	- 09.	ganono anomy out or a sept	agroomont or arroroo that	νg.	¥ U.UU	

Debtor 1 Scott A. Sonntag

Case number (if known) 19-44553

Sebts 6h. \$ 0.00
unt 6i. \$ 2,749.00

- you did not report as priority claims
 6h. Debts to pension or profit-sharing plans, and other similar debts
- 6i. **Other.** Add all other nonpriority unsecured claims. Write that amount here
- 6j. Total Nonpriority. Add lines 6f through 6i.

Fill in this inform	mation to identify your	case:				
Debtor 1	Scott A. Sonntag				ı	
	First Name	Middle Name	Last Name		1	
Debtor 2					i	
(Spouse if, filing)	First Name	Middle Name	Last Name		ì	
United States Bankruptcy Court for the: EASTERN DISTRICT OF MISSOURI						
_	19-44553				ı	
(if known)						Check if this is an
					ì	amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

1	Person or	company with Name, Number	whom you have th , Street, City, State and ZIF	e contract or lease	State what the contract or lease is for
2.1					
	Name				
	Number	Street			
	City		State	ZIP Code	<u> </u>
2.2					
	Name				
	Number	Street			_
	City		State	ZIP Code	_
2.3					
	Name				
	Number	Street			_
	City		State	ZIP Code	_
2.4					
	Name				
	Number	Street			_
	City		State	ZIP Code	<u> </u>
2.5	3				
	Name				_
	Number	Street			
	City		State	ZIP Code	<u></u>

					_
Fill in this	s information to identify your	case:			
Debtor 1	Scott A. Sonntag				
	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, fil	ing) First Name	Middle Name	Last Name		
	ates Bankruptcy Court for the:	EASTERN DISTRICT O	OF MISSOLIRI		
Officed Sta	ates bankruptcy Court for the.	LASTERN DISTRICT C	JI WIGGOOKI		
Case num	nber 19-44553				
(if known)					Check if this is an amended filing
					1 amended ming
Officia	ll Form 106H				
Sched	dule H: Your Cod	ebtors			12/15
ill it out, a our name	and number the entries in the e and case number (if known)	boxes on the left. Attack . Answer every question	n the Additional Page t i.	o this page. On the to	needed, copy the Additional Page, p of any Additional Pages, write
1. До	you have any codebtors? (If	you are filing a joint case,	do not list either spouse	as a codeptor.	
■ No					
☐ Ye	s				
Arizoi —	thin the last 8 years, have you ha, California, Idaho, Louisiana, . Go to line 3.				
☐ Ye	s. Did your spouse, former spo	use, or legal equivalent liv	e with you at the time?		
in line Form	e 2 again as a codebtor only i	f that person is a guaran	ntor or cosigner. Make	sure you have listed t	ng with you. List the person shown the creditor on Schedule D (Official , Schedule E/F, or Schedule G to fill
	Column 1: Your codebtor Name, Number, Street, City, State and Z	ID Code			reditor to whom you owe the debt
	Name, Number, Street, Oity, State and Z	ir Code		Check all schedul	еѕ шат арріу.
3.1				Schedule D, lir	ne
	Name			☐ Schedule E/F,	
				☐ Schedule G, li	ne
	Number Street	0	710.0	_	
	City	State	ZIP Code		
				D a	
3.2	Name			Schedule D, lir	
				☐ Schedule E/F,☐ Schedule G, lii	
	Newskan				
	Number Street City	State	ZIP Code		

Fill in this information	on to identify your case:	
Debtor 1	Scott A. Sonntag	
Debtor 2 (Spouse, if filing)		
United States Bank	ruptcy Court for the: EASTERN DISTRICT OF MISSOURI	
Case number	19-44553	Check if this is:
(If known)		☐ An amended filing
		☐ A supplement showing postpetition chapter 13 income as of the following date:
Official For	<u>m 106l</u>	MM / DD/ YYYY
Schedule I	l: Your Income	12/15
Be as complete and	d accurate as possible. If two married people are filing together (D	ebtor 1 and Debtor 2), both are equally responsible for

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Pai	t 1: Describe Employment			
1.	Fill in your employment information.		Debtor 1	Debtor 2 or non-filing spouse
	If you have more than one job,	Francisco estatua	■ Employed	■ Employed
	attach a separate page with information about additional	Employment status	☐ Not employed	☐ Not employed
	employers.	Occupation	construction	sales associate
	Include part-time, seasonal, or self-employed work.	Employer's name	The Third Paige, LLC (ind. contractor)	Chick-fil-A
	Occupation may include student or homemaker, if it applies.	Employer's address	7749 New Hampshire Avenue Saint Louis, MO 63123	10706 Sunset Hills Plaza Saint Louis, MO 63127-1219
		How long employed t	nere? since November 2018	since August 2017

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

				For Debtor 1		Debtor 2 or -filing spouse
2.	List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2.	\$	0.00	\$_	953.33
3.	Estimate and list monthly overtime pay.	3.	+\$	0.00	+\$	0.00
4.	Calculate gross Income. Add line 2 + line 3.	4.	\$	0.00	\$	953.33

Deb	tor 1	Scott A. Sonntag	_	Case	number (if known)	19-445	53	
				For	Debtor 1		ebtor 2 or	
	Con	y line 4 here	4.	\$	0.00	non-τι \$	ling spouse 953.33	
	-		٦.	Ψ_	0.00	Ψ		
5.		all payroll deductions:						
	5a.	Tax, Medicare, and Social Security deductions	5a.	\$_	0.00	\$	72.89	
	5b.	Mandatory contributions for retirement plans	5b.	\$	0.00	\$	0.00	
	5c.	Voluntary contributions for retirement plans	5c.	\$ \$	0.00	\$	0.00	
	5d. 5e.	Required repayments of retirement fund loans Insurance	5d. 5e.	\$ _	0.00	\$	0.00	
	5f.	Domestic support obligations	5f.	\$_	0.00	\$	0.00	
	5g.	Union dues	5g.	\$-	0.00	\$	0.00	7,380.44
	5h.	Other deductions. Specify:	5h.+	· · —	0.00	'	0.00	
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$	0.00	\$	72.89	
7.	Calc	sulate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	0.00	\$	880.44	
8.	List 8a.	all other income regularly received: Net income from rental property and from operating a business,						
	· ·	profession, or farm						
		Attach a statement for each property and business showing gross						
		receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$	6,500.00	\$	0.00	
	8b.	Interest and dividends	8b.	\$_	0.00	\$	0.00	
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive		' _	0.00	·		
		Include alimony, spousal support, child support, maintenance, divorce	_	_		_		
	0.1	settlement, and property settlement.	8c.	\$_	0.00	\$	0.00	
	8d. 8e.	Unemployment compensation Social Security	8d. 8e.	\$_ \$	0.00	\$	0.00	
	8f.	Other government assistance that you regularly receive	oe.	Ψ	0.00	Ψ	0.00	
	OI.	Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.	е					
		Specify:	8f.	\$	0.00	\$	0.00	
	8g.	Pension or retirement income	8g.	\$_	0.00	\$	0.00	
	8h.	Other monthly income. Specify:	8h.+ 	\$	0.00	+ \$	0.00	_
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	6,500.00	\$	0.00	
10.	Calc	culate monthly income. Add line 7 + line 9.	10. \$		6,500.00 + \$	88	0.44 = \$	7.380.44
	Add	the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	Ľ					
11.	11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule Specify: 11.							0.00
12.		the amount in the last column of line 10 to the amount in line 11. The reset that amount on the Summary of Schedules and Statistical Summary of Certaines					12. \$	7,380.44
							Combin	
13.	Do y	ou expect an increase or decrease within the year after you file this form	1?				Monding	
		No.						
		Yes. Explain:						

Fill	in this information to identify your case:							
Debtor 1 Scott A. Sonntag				Check if this is:				
		_		An amended filing				
1	ouse, if filing)		A supplement showing postpetition chap 13 expenses as of the following date: MM / DD / YYYY					
Unit	ted States Bankruptcy Court for the: _EASTERN DISTRICT OF	1						
Cas	e number 19-44553							
(If kı	nown)							
	fficial Form 106J							
	chedule J: Your Expenses				12/15			
info	as complete and accurate as possible. If two married pormation. If more space is needed, attach another shee mber (if known). Answer every question.							
Par	t 1: Describe Your Household Is this a joint case?							
••	■ No. Go to line 2.							
	☐ Yes. Does Debtor 2 live in a separate household?							
	□ No							
	☐ Yes. Debtor 2 must file Official Form 106J-2, E	xpenses for Separate Hous	sehold of Debt	or 2.				
2.	Do you have dependents? ☐ No							
	Do not list Debtor 1 and Debtor 2. Yes. Fill out this information each dependent	•		Dependent's age	Does dependent live with you?			
	Do not state the				□ No			
	dependents names.	daughter		14	Yes			
		davabtan		40	□ No			
		daughter		19	■ Yes □ No			
		son		22	■ Yes			
					■ res □ No			
					☐ Yes			
3.	Do your expenses include expenses of people other than yourself and your dependents? ■ No Yes							
	t 2: Estimate Your Ongoing Monthly Expenses							
exp	imate your expenses as of your bankruptcy filing date penses as of a date after the bankruptcy is filed. If this i plicable date.							
Incl	lude expenses paid for with non-cash government assi value of such assistance and have included it on <i>Sch</i> e	stance if you know						
	ficial Form 1061.)	dule I. Tour moome		Your expe	enses			
4.	The rental or home ownership expenses for your resipayments and any rent for the ground or lot.	dence. Include first mortga	ge 4. \$		860.00			
	If not included in line 4:							
	4a. Real estate taxes		4a. \$		0.00			
	4b. Property, homeowner's, or renter's insurance		4b. \$		0.00			
	4c. Home maintenance, repair, and upkeep expenses		4c. \$		100.00			
5.	 4d. Homeowner's association or condominium dues Additional mortgage payments for your residence, su 	ch as home equity loans	4d. \$ 5. \$	-	0.00 250.00			
٥.	Additional mortgage payments for your residence, su	on as nome equity loans	J. Þ		∠50.00			

Debtor 1	Scott A. Sonntag	Case numb	er (if known)	19-44553			
S. Litil	ities:						
6a.	Electricity, heat, natural gas	6a.	\$	280.00			
6b.	Water, sewer, garbage collection	6b.	•	116.67			
6c.	Telephone, cell phone, Internet, satellite, and cable services	6c.		305.00			
6d.	Other. Specify:	6d.	\$	0.00			
	od and housekeeping supplies	7.	·	800.00			
	Idcare and children's education costs		\$	0.00			
	thing, laundry, and dry cleaning		\$	280.00			
	sonal care products and services		\$	130.00			
	dical and dental expenses		\$	200.00			
	nsportation. Include gas, maintenance, bus or train fare.			200.00			
	not include car payments.	12.	\$	430.00			
	ertainment, clubs, recreation, newspapers, magazines, and books	13.	\$	220.00			
4. Cha	aritable contributions and religious donations	14.	\$	400.00			
5. Ins i	urance.						
	not include insurance deducted from your pay or included in lines 4 or 20.						
	. Life insurance	15a.		0.00			
15b	. Health insurance	15b.	\$	0.00			
15c	. Vehicle insurance	15c.	\$	300.00			
15d	. Other insurance. Specify:	15d.	\$	0.00			
	es. Do not include taxes deducted from your pay or included in lines 4 or 20.						
	cify: personal property taxes	16.	\$	100.00			
•	cify: income taxes		\$	1,300.00			
	allment or lease payments:		•				
	. Car payments for Vehicle 1	17a.		0.00			
	. Car payments for Vehicle 2	17b.		0.00			
	Other. Specify: non-filing spouse's vehicle installment payment	17c.		240.00			
	. Other. Specify:	17d.	\$	0.00			
	ir payments of alimony, maintenance, and support that you did not report as		¢	0.00			
	lucted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18.	\$				
	er payments you make to support others who do not live with you.	40	>	0.00			
	cify:	19.	Incomo				
	er real property expenses not included in lines 4 or 5 of this form or on Sch . Mortgages on other property	20a.		0.00			
	Real estate taxes	20a. 20b.	·	0.00			
	Property, homeowner's, or renter's insurance	20b. 20c.		0.00			
	·	20d. 20d.					
	Maintenance, repair, and upkeep expenses Homeowner's association or condominium dues	20d. 20e.		0.00			
				0.00			
ı. Uth	er: Specify:	21.	тф	0.00			
2. Cal	culate your monthly expenses						
	. Add lines 4 through 21.		\$	6,311.67			
	. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$,			
	. Add line 22a and 22b. The result is your monthly expenses.		\$	6,311.67			
	, , ,			0,011.01			
	culate your monthly net income.						
	. Copy line 12 (your combined monthly income) from Schedule I.	23a.		7,380.44			
23b	. Copy your monthly expenses from line 22c above.	23b.	-\$	6,311.67			
		Γ					
23c	Subtract your monthly expenses from your monthly income.	23c.	\$	1,068.77			
	The result is your monthly net income.	230.	Ψ	1,000.77			
For mod	Do you expect an increase or decrease in your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?						
	No						
	Yes. Explain here:		<u> </u>				